

REBUILDING TOGETHER RIVERSIDE

HOMEOWNER APPLICATION FORM

I. APPLICANT INFORMATION:

Applicant Name: _____ Age _____ SS# _____

Co-Applicant Name: _____ Age _____ SS# _____

Address: _____ Phone: _____

Ethnic Origin:

☐ White; ☐ Black; ☐ Hispanic; ☐ Asian; ☐ Native American; ☐ Other _____

Do you intend to continue living in this house as long as you are able to? _____

II. What is the total number of adults and children residing in your home? _____

Name: _____ Age: _____ Relationship: Head of Household

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

III. EMPLOYMENT

Applicant's Employer (Name and Telephone #): _____

Co-Applicant's Employer (Name and Telephone #): _____

IV. INCOME AND ASSETS OF TOTAL HOUSEHOLD

<u>Gross Income</u>	<u>Checking Account(s)</u>	<u>Savings Account(s)</u>
Applicant \$ _____	Acct. # _____ Amount: \$ _____	Acct. # _____ Amount: \$ _____
Co-Applicant: \$ _____	Acct. # _____ Amount: \$ _____	Acct. # _____ Amount: \$ _____
Other Adult(s): \$ _____	Acct. # _____ Amount: \$ _____	Acct. # _____ Amount: \$ _____
: \$ _____	Acct. # _____ Amount: \$ _____	Acct. # _____ Amount: \$ _____

Other Property: (Location/Value)

Stocks/Bonds

Applicant: _____

Co-Applicant: _____

Other Adult(s): _____

V. PROPERTY INFORMATION

(Please provide copy of last property tax bill)

of Bedrooms _____ # of Bathrooms _____ Garage (?) _____

Mortgages and Title:

1st Mortgage Holder: _____ Monthly Payment: _____

2nd Mortgage Holder: _____ Monthly Payment: _____

Name on Title: _____

Homeowners Insurance

Name of Carrier: _____ Policy #: _____

VI. HOMEOWNER'S WISH LIST

1. _____

2. _____

3. _____

4. _____

5. _____

I/we certify that the above information is true and correct to the best of my/our knowledge, and also authorize you to check any references necessary to complete the processing of this application for the purpose of receiving housing rehab through Rebuilding Together Riverside.

I/we also understand that any information provided on this application will be kept confidential and will be used strictly for the purpose of determining my/our eligibility to receive housing rehab.

I/we authorize Rebuilding Together Riverside to photograph my/our home before, during, and/or after housing rehabilitation.

Signature of Applicant

Signature of Co-Applicant:

Referred by: _____